

Adolescent Medicine Specialty Consultation Program - New Patient Referral Form

Hasbro Adolescent Medicine	Phone: 401-444-4712	Fax: 401-444-6220
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Dear Health Care Professional: Our initial evaluation includes interviews of patient and parents by a physician and/or nurse practitioner. This evaluation usually takes 30-60 minutes. Follow-up visits are scheduled as necessary. If you have questions, please contact our administrative coordinator, Donna Perry, at 401-444-4712. To help us give your patients the most expedient appointment, please send the following information:

- * **This completed form**
- * **All relevant lab and imaging results - reports, not image files (recommended)**
- * **Most recent office visit note, including problem list, past medical history, medications, allergies (recommended)**
- * **Growth charts (optional, recommended if pubertal or weight concern)**

Date of Referral:		
Name of Patient:	Date of Birth:	Gender:
Name of Parent/Guardian:	Relationship:	
Address:		
Phone:		
Insurance Name/Subscriber #:		

Consultation question (required): _____

Summary of problem or issue that prompted referral (highly recommended): _____

Prior evaluation for this issue: _____

Other treatment providers involved in care of this problem, either past or current:

Referring MD (required):	
Practice Name/Address:	
Phone:	Fax: